

## Career Services Program Denial Letter

Date			
Client Name:Address:			
Your application for Career Ser checked below:	vices cash benefits is denied e	ffective The I	reason for this is
	proof you are working at least least 30 hours a week in unsu		ized employment.
See Washington Administrative	Code): <u>WAC 388-310-2100.</u>		
If you feel our information is wro counselor.	ong, you may call 1-800-339-3	981 to talk to a Career Servic	es Program
The worker can:			
<ul> <li>Explain the rules and</li> <li>Verify your eligibility</li> <li>Assist you with the a</li> <li>Provide job placeme</li> </ul>	ppeal process.		
Career Services Program Counselor		Phone Number	
You can request a hearing if yo Program. You have the right to administrative hearing fill out the	bring a lawyer or anyone you		
To: Office of Administrative PO Box 42489 Olympia, WA 98504-24	•		
CAREER SERVICES PROGRA	M ADMINISTRATIVE HEARII	NG REQUEST	
WorkSource you worked with:	Telephone Number/ Area Code ( )	Social Security Number	
Print your name	Signature:	Date:	
Reason w	ny you are requesting appea	<u> </u>	
I am requesting an appeal because I disagree with being denied.			